

DHCP EXPECTATIONS OF THE PRIMARY CONTRACTOR

As a subcontracting Delivering HealthCare Professional (DHCP) in the Maternity Care Program, you should expect the following considerations from your Primary Contractor (PC). The relationship between the DHCP and the Primary Contractor is a contractual relationship and in many ways is not specifically governed by the Agency. Each DHCP will need to appoint a representative to participate in a bi-annual conference call with Agency staff to discuss the Maternity Care Program.

- A Negotiation of reimbursement dependent on the array of services performed (e.g. delivery only, prenatal and delivery, anesthesia, etc.);
- Annual open enrollment for subcontractors;
- An adequate network of subcontractors to meet patient needs;
- Timely payment once claims are submitted to the PC. Current standards are within 20 calendar days of Medicaid payment no later than 60 calendar days of delivery with the exception of TPL;
- Strict Compliance with HIPAA and patient confidentiality standards;
- Implementation and maintenance of Quality Assurance system by which access, outcome and processes are measured on both a program and provider specific basis;
- Patient choice of DHCP;
- Community based outreach program to ensure awareness of the Maternity Care Program;
- A provider education plan (what to expect, how the system works, etc.);
- To fully explain what services are included in their global payment as well as what services are included in your contractual payment. For example, lab services (other than hemoglobin, hematocrit and u/a) are billable fee-for-service; however cerclages are in the global fee paid to the PC and may or may not be included in your contractual payment;
- To have a Director to be available, accessible, and/or on-call for any medical or administrative problems which may arise;
- Prohibition of discrimination against any recipient based on their health status or need for health services;
- Toll-free telephone service for recipients to ask questions, enroll in the program, etc.;
- An established education plan for recipients to include healthy life styles, planning for the baby, self-care, family planning, appropriate use of the medical system, etc.;
- A grievance procedure for both subcontractors and recipients that is easily accessible and is explained to the recipients upon entry into care;
- A Care Coordinator assigned to each of your patients to assist with the Medicaid enrollment process, psychosocial issues, education and other needs that may arise.